Objective: To assess whether children undergoing tonsillectomy were receiving adequate analgesia postoperatively and comparison made against national standards. Implementation of new ibuprofen dosage guidance, reducing opioid prescribing, and assessment of whether this impacts re-admission rates for post tonsillectomy pain and bleeding.

Method: Retrospective audit of tonsillectomies performed over a 5-month period in 2021 and prospective audit over the same time period in 2022, with new ibuprofen prescribing guidelines (7.5mg/kg QDS compared with 5mg/kg TDS previously) and effect on reduced opioid prescribing.

Results: There were approximately 110 tonsillectomies performed in each cycle. For the first retrospective cycle, 95% were prescribed inadequate ibuprofen, with a mean dose of 5.5mg/kg. All patients who were readmitted with pain/haemorrhage had ibuprofen prescribed at a TDS frequency. There were 6% of cases presenting with bleeding, none returned to theatre. Coblation was used in about 40% of cases (extracapsular and intracapsular). For the second prospective cycle, 55% of patients have been prescribed the correct ibuprofen dosage of 7.5mg/kg QDS, with reduced opioid prescribing. No patients were re-admitted with post-operative pain and only a low number of patients presented with post-tonsillectomy bleeds.

Conclusions: Changing the dosing of ibuprofen to 7.5mg/kg QDS and ensuring departmental consistency has resulted in adequate analgesia dosing with no admissions for poorly controlled pain post-tonsillectomy. We feel a secondary impact is on reduced bleeding rates.